WRITE-IN CANDIDATE DECLARATION OF INTENT

(NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT)

As a Write-In Candidate you must file a Declaration of Intent no later than 4:00 p.m. on the Friday immediately preceding the election. You may have additional filing obligations under Campaign Finance Laws (P.A. 388 of 1976). Ask your filing official for information about the Statement of Organization.

Name			
	(Print or Type)		
Residence Address		(D. + O.C.)	(7' (7.1)
(Street Address)		(Post Office)	(Zip Code)
☐ City or ☐ Township of			
I am registered and qualified to vote at this addr	_		/ /
Home Phone ()	Business Phone ()	
DATE OF ELECTION: Primary		General	/ /
OFFICE SOUGHT:			
District No. (if any)	Precinct No. (if Prec	inct Delegate Candida	ate)
☐ Partisan Office Party*			□ Nonpartisan Office
(*NOTE: Requir	red for Partisan Primary Electi	on Only)	
TERM: Regular To Fill Vac	ancy - Term Ending		Other
JUDICIAL CANDIDATES ONLY:			
☐ Incumbent Position - Place a check in this box if you a	are running for a judicial office fo	or which the incumbent i	is seeking reelection.
Non-Incumbent Position - Place a check in this box if			-
New Judgeship - Place a check in this box if you are r			C
By signing this affidavit, I swear the statements elective office as a write-in candidate.	made above are true and de	o hereby declare my	intent to seek the above
SIGNATURE OF WRITE-IN CANDIDATE	:		
Subscribed and sworn to before me this		Notary	
day of,	County		
	Comm. E	Expires	
(Signature of Notary)		(Тур	e, Print of Stamp)
	OFFICE USE ONLY		
OFFICE CODE	DATE O	F FILING	/ /
CFR I.D.	RECEIV	ED BY	